

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

AETNA LIFE INSURANCE CO.,	§	
	§	JURY DEMANDED
Plaintiff,	§	
	§	
VS.	§	CIVIL ACTION
	§	
HUMBLE SURGICAL HOSPITAL	§	NO. 4:12-cv-1206
LLC,	§	
	§	
Defendant.	§	

AETNA'S NOTICE OF HUMBLE'S TACTICS TO HARASS
PATIENTS AND PLAN SPONSORS AND
REQUEST FOR HEARING

1. In the past month, Humble has undertaken a campaign to harass Aetna's plan sponsors and patient/members, informing them that Aetna is seeking a refund of payments Aetna made to Humble and, if Aetna "takes further action to obtain a refund of the benefits paid," Humble will bill the members who are financially responsible for the entire balance of Humble's outstanding bills. *See, e.g.,* Exhibits 1 - 8. Every one of Humble's letters refer to claims that are at issue in this lawsuit. *See, e.g., id.* (dates of service from July 5, 2013 through October 15, 2013).

2. As Aetna fully briefed previously, Humble initially lured Aetna's members to its facility with the representation that the members would be billed only for their in-network portion, if anything. In fact, Humble even prepared a *script* to that effect for its employees to use when speaking to patients, promising that Humble's charges were so *comparable and affordable* to in-network charges that in some instances the patient could

even receive a *refund* from their insurance company. (Dkt#219-14) Based on these representations, some patients did not even realize that Humble was out-of-network, or were persuaded that Humble would treat the claims as if it were in-network. *See, e.g.*, Dkt#219-13 (survey response of patient that he was told his insurance would pay 90% of the charges).

3. Before the medical services were rendered, when patients could have chosen an in-network provider to avoid these charges,¹ Humble deliberately chose not to inform patients of its fraudulent billing scheme. Humble is now threatening Aetna's members with exorbitant medical bills after the fact.

4. Believing that its business has been disrupted as a result of Aetna's lawsuit and refusal to continue paying for Humble's fraudulent charges, Humble seeks to retaliate and disrupt Aetna's business. Humble's practice of copying plan sponsors and members on its appeal letters with thinly veiled threats of patient financial responsibility is a transparent effort to involve Aetna's plans sponsors and members in the hope that they will pressure Aetna to dismiss its case against Humble.

5. Humble must not be allowed to employ these scare tactics on the innocent victims of its fraudulent scheme. Humble, not Aetna's members, should bear the cost of its fraudulent scheme.

¹ For example, on July 22, 2014, Aetna notified the Court that it received a letter from an Aetna member whose son was a patient of Dr. Blackwell last year when the doctor was part of Aetna's network. Aetna's member complained about receiving a bill for the balance of services provided because she could not afford to pay it and Dr. Blackwell told her before her son's surgery that "everything would be handled 'in-network.'" This patient would have used an in-network facility if she had known the truth. *See* Dkt#232 Exhibit 9.

6. In light of Humble's tactics, Aetna requests that the Court hold a status conference at its earliest convenience to address this and all related issues.

Respectfully submitted,

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CERTIFICATE OF SERVICE

On September 24, 2014, counsel for Aetna electronically filed the forgoing document with the clerk of the court for the U.S. District Court, Southern District of Texas, using the electronic case filing system of the Court. The electronic case filing system sent a "Notice of Electronic Filing" to the attorneys of record who have consented in writing to accept this Notice as service of this document by electronic means.

/s/ Dena Palermo

Dena Palermo